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Bib Data Sheet

CONFIRMATION NO.

SERIAL NUMBER 09/636,547	FILING DATE 08/11/2000 RULE	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 110273.00102
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APPLICANTS

Richard Koenig, Rockville, MD;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/418,474 10/15/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/29/2000

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY MD	SHEETS DRAWING 19	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

Blank Rome Comisky & McCauley LLP
The Farragut Building
Suite 1000
900 17th Street NW
Washington, DC 20006

TITLE

Internet-based matching service for expert consultants and customers with matching of qualifications and times of availability

FILING FEE RECEIVED
819

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit



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Bib Data Sheet

CONFIRMATION NO. 8847

SERIAL NUMBER 09/636,547	FILING OR 371(c) DATE 08/11/2000 RULE	CLASS 707	GROUP ART UNIT 21X2 6	ATTORNEY DOCKET NO. 110273.00102
APPLICANTS Richard Koenig, Rockville, MD; ** CONTINUING DATA ***** This application is a CIP of 09/418,474 10/15/1999 ABN ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/29/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 19	TOTAL CLAIMS 51
				INDEPENDENT CLAIMS 6
ADDRESS 01444				
TITLE INTERNET-BASED MATCHING SERVICE FOR EXPERT CONSULTANTS AND CUSTOMERS WITH MATCHING OF QUALIFICATIONS AND TIMES OF AVAILABILITY				
FILING FEE RECEIVED 999	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	